

C.C.  
10/30  
AG

ISSUE SLIP STAPLE AREA (for additional cross references)

09/664096

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-30-15
O.I.P.E. CLASSIFIER		811	6-5-0
FORMALITY REVIEW	SL		10/27/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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